

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1957

STATE FILE NUMBER

35944  
4834

Registration District No.

149

Primary Registration District No.

1000

Registrar's No.

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |                                  | c. CITY OR TOWN <b>Kansas City</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4112 Locust</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>4112 Locust</b>   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>THOMAS</b> Middle <b>---</b> Last <b>KIETTYKE</b>   |                                  | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>17,</b> Year <b>1957</b>   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>July 1st, 1896</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Maintenance Man</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Hotel</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Austria</b>                  |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes W. W. #1</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>494-12-8065</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>                                       |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> Month, Day, Year<br>a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>   |                                  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY <b>...</b> STATE <b>...</b>  |   |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><b>Hugh H. Owens</b> (Degree or title) <b>3</b>  |                                  | 22b. ADDRESS<br><b>1034 Pacific Blvd</b>  |   |
| 22c. DATE SIGNED<br><b>10-18-57</b>  |                                  | 22d. DATE SIGNED  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>10/21/57</b>     | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>QUIRK &amp; TOBIN-20 W. Linwood, K.C.Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>10-19-57</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>neva minshall</b>  |                                  |   |   |

NOV 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *E. P. Gibson* .....

Licensed Embalmer No. *4137* .....

P. O. Address *K. P. Mo* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.